| 047547 4001 10 4744                  |                                    |   |                                 |                                       |                |                  |          |  | Application or Docket Number |          |                            |                        |  |  |  |  |
|--------------------------------------|------------------------------------|---|---------------------------------|---------------------------------------|----------------|------------------|----------|--|------------------------------|----------|----------------------------|------------------------|--|--|--|--|
| Effective October 1, 2003            |                                    |   |                                 |                                       |                |                  |          | CLAIMS AS FILED - PART I SMALL ENTITY OTHER THAN |                              |          |                            |                        |  |  |  |  |
|                                      |                                    |   |                                 | S FILED - PART I (Column 1) (Column 2 |                |                  |          | SMALL ENTITY                                     |                              |          | OTHER THAN OR SMALL ENTITY |                        |  |  |  |  |
| Ľ                                    | OTAL CLAIN                         |   |                                 |                                       |                |                  | RATE     | FEE  | 7                            | RATE     | FEE                        |                        |  |  |  |  |
| F                                    | OR                                 | NUMBI                                     | ER FILED                        | NUN                                   | MBER EXTRA     | BASIC F          | EE 385.0 | O OF   | BASIC FE                     | F 770.00 |                            |                        |  |  |  |  |
| T                                    | OTAL CHARG                         |   | minus 20=                       |                                       |                |                  | X\$ 9=   |  | OF                           | X\$18=   |                            |                        |  |  |  |  |
| iΝ                                   | DEPENDENT                          | CLAIMS                                    |                                 | minus 3 =                             | ė.             |                  |          | X43=   |                              | 7        | Yac                        |                        |  |  |  |  |
| MULTIPLE DEPENDENT CLAIM PR          |                                    |   | PRESENT                         | RESENT                                |                |                  |          | .105   | <del>-  </del>               | OR       |                            | <del> </del>           |  |  |  |  |
| * If the difference in column 1 is i |                                    |   | s less than                     | zero, enter                           | <b>"</b> 0" in | column 2         |          | +145=<br>TOTAL                                   |                              | OR       | L                          | <b>├</b>               |  |  |  |  |
|                                      | CLAIMS AS AMENDED - PART II        |   |                                 |                                       |                |                  |          |  | /                            | JOR      |                            |                        |  |  |  |  |
| _                                    |                                    | (Column 1)                                |                                 | (Column 2) (Column 3)                 |                |                  |          | SMALI  | L ENTITY                     | OR       | SMALL                      | R THAN<br>ENTITY       |  |  |  |  |
| AMENDMENT A                          |                                    | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                 | HIGHE<br>NUMB<br>PREVIO<br>PAID F     | ER<br>USLY     | PRESENT<br>EXTRA |          | RATE   | ADDI-<br>TIONAL<br>FEE       |          | RATE                       | ADDI-<br>TIONAL<br>FEE |  |  |  |  |
| Š                                    | Total                              | 1.24                                      | Minus                           | 1-2                                   | Z              | =                |          | X\$ 9=   |                              | OR       | X\$18=                     |                        |  |  |  |  |
| AME                                  | Independent                        |   | Minus                           | ] 2                                   | )              | =                |          | X43=   |                              | OR       | X86=                       | _                      |  |  |  |  |
| _                                    | FIRST PRES                         | ENTATION OF N                             | OLIPLE DE                       | PENDENT                               | CLAIM          |                  | Ī        | +145=  | 1                            | OR       | +290=                      |                        |  |  |  |  |
|                                      |                                    |   |                                 |                                       |                |                  | L        | TOTAL  | -                            |          | TOTAL                      |                        |  |  |  |  |
| 4                                    | 71-05                              | (Column 1)                                |                                 | (Columi                               | n 2)           | (Column 3)       | A        | DDIT. FEE  | <u></u>                      | J        | ADDIT. FEE                 | L                      |  |  |  |  |
| MENUMENI B                           |                                    | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                 | HIGHE:<br>NUMBE<br>PREVIOU<br>PAID FO | ER<br>JSLY     | PRESENT<br>EXTRA |          | RATE   | ADDI-<br>TIONAL<br>FEE       |          | RATE                       | ADDI-<br>TIONAL<br>FEE |  |  |  |  |
|                                      | Total                              | - 24                                      | Minus                           | m 24                                  | 4.             | =                |          | X\$ 9=   |                              | OR       | X\$18=                     |                        |  |  |  |  |
| 7 Þ                                  | Independent                        | · 3                                       | Minus                           | 3                                     |                | = /              | T        | X43=   |                              | OR       | X86=                       |                        |  |  |  |  |
| _                                    | FIRST PRESE                        | ENTATION OF MI                            | JETIPLE DE                      | PENDENT C                             | LAIM           |                  | 1        | +145=  |                              |          | +290=                      | -                      |  |  |  |  |
|                                      |                                    |   |                                 |                                       |                |                  | L        | TOTAL  |                              | OR       | TOTAL                      |                        |  |  |  |  |
| (Column 1) (Column 2) (Column 3)     |                                    |   |                                 |                                       |                |                  | AE       | DOIT FEE   | <b></b>                      | OR A     | ODIT. FEE                  |                        |  |  |  |  |
| T                                    | `                                  | CLAIMS                                    |                                 | (Column<br>HIGHES                     | 1              | (Column 3)       | _        |  | 4001                         |          |                            | 4001                   |  |  |  |  |
|                                      |                                    | REMAINING<br>AFTER<br>AMENDMENT           | -                               | NUMBE<br>PREVIOUS<br>PAID FO          | SLY            | PRESENT<br>EXTRA |          | RATE   | ADDI-<br>TIONAL<br>FEE       |          | RATE                       | ADDI-<br>TIONAL<br>FEE |  |  |  |  |
| Ŀ                                    | Total                              | <b>A</b>                                  | Minus                           | <del>11</del>                         |                | =                |          | X\$ 9=   | , 52                         | OR       | X\$18=                     |                        |  |  |  |  |
| ┡                                    | ndependent                         |   | Minus                           | ***                                   |                | =                |          | X43=   |                              | r        | X86=                       |                        |  |  |  |  |
| 1                                    | IRST PRESE                         | NTATION OF MU                             | LTIPLE DEF                      | ENDENT C                              | LAIM           |                  | $\vdash$ |  |                              | OR       |                            |                        |  |  |  |  |
| lf t                                 | he entry in colur                  | nn 1 is less than the                     | e entry in colu                 | Rn 2. write "0"                       | in colo        | mn 3             | L        | 145=   |                              | OR       | +290=                      |                        |  |  |  |  |
| ' II t<br>'*If (                     | he "Highest Nur<br>he "Highest Nur | nber Previously Pai<br>nber Previously Pa | d For IN THIS<br>id For IN THIS | S SPACE is let<br>S SPACE is let      | ss than        | 20, enter "20."  |          | TOTAL<br>DIT. FEE                                |                              |          | TOTAL<br>DOIT. FEE         |                        |  |  |  |  |
| Th                                   | e "Highest Num                     | ber Previously Paid                       | For* (Total or                  | Independent)                          | is the h       | nighest number f | ound     | in the app                                       | ropriate box                 | in colui | mn 1.                      |                        |  |  |  |  |